

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

BRIAN MAST FOR CONGRESS

ADDRESS (number and street)
▼

2600 S DOUGLAS RD STE 900

Check if different
than previously
reported. (ACC)

CORAL GABLES

FL

33134-6149

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00579896

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSE RIESCO

Signature of Treasurer

JOSE RIESCO

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

BRIAN MAST FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	162237.36	366461.36
(b) Total Contribution Refunds (from Line 20(d))	0.00	5400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	162237.36	361061.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	114194.94	161170.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	114194.94	161170.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	211464.98	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9499.36	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BRIAN MAST FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

124170.21

305570.21

(ii) Unitemized.....

30457.15

46781.15

(iii) TOTAL of contributions from individuals ▶

154627.36

352351.36

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

7610.00

14110.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

162237.36

366461.36

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

11574.02

11574.02

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

173811.38

378035.38

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	114194.94	161170.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	5400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	114194.94	166570.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151848.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	173811.38
25. SUBTOTAL (add Line 23 and Line 24).....	325659.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	114194.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	211464.98

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial) WILLIAM F. ALLYN			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 525 GULF SHORE BLVD N			Transaction ID : SA11AI.37828	
City NAPLES	State FL	Zip Code 34102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		CAMPAIGN CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) GEORGE ANTAKI			Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address 11728 GILMERTON DR			Transaction ID : SA11AI.38068	
City RIVERVIEW	State FL	Zip Code 33579	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		CAMPAIGN CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MICHAEL AZEEZ			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2015	
Mailing Address 2187 MARSEILLES DR			Transaction ID : SA11AI.37743	
City PALM BEACH	State FL	Zip Code 33410-1279	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C		CAMPAIGN CONTRIBUTION		
Name of Employer SELF EMPLOYED		Occupation INVESTMENTS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....			3450.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RAJENDRA BANSAL

Mailing Address 875 MILITARY TRAIL

City

Jupiter

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

JUPITER MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

Transaction ID : SA11AI.37908

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ARMEN BATMASIAN

Mailing Address 144 NW 4TH AVE

City

BOCA RATON

State

FL

Zip Code

33432-3660

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		19		2015

Transaction ID : SA11AI.37738

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARTA BATMASIAN

Mailing Address 144 NW 4TH AVE

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		16		2015

Transaction ID : SA11AI.37931

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JUDITH R BECKER

A.

Mailing Address 21180 OAKLEY COURT

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

COMMERCIAL REAL ESTATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		18		2015

Transaction ID : SA11AI.37891

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT M. BEREN

B.

Mailing Address 13840 LEMANS WAY

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37797

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD BERNSTEIN

C.

Mailing Address 18 ROCKLEDGE RD

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

P&E CAPITAL INC.

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.38449

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

HOLLY BOSWELL**A.**

Mailing Address 3281 MONET DR W

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.37745

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN J. BOSWELL**B.**

Mailing Address 3281 MONET DR W

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.37744

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

TOMMY BRANN**C.**

Mailing Address 401 LEONARD STREET NW

City

GRAND RAPIDS

State

MI

Zip Code

49504

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRANN RESTAURANTS

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

437.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2015

Transaction ID : SA11AI.38530

Amount of Each Receipt this Period

437.69

In-kind - FOOD AND BEVERAGE

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5837.69

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DR ROBERT BREGMAN

Mailing Address 17584 LAKE PARK ROAD

City

Boca Raton

State

FL

Zip Code

33487

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		12		2015

Transaction ID : SA11AI.37841

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT BRISKIN

Mailing Address 306 VIZCAYA DR

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIP PRIMARY CARE

Occupation

DOCTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

Transaction ID : SA11AI.37740

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT BRISKIN

Mailing Address 306 VIZCAYA DR

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIP PRIMARY CARE

Occupation

DOCTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37752

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHARLES C. CAIN

A.

Mailing Address 2600 TIMBERLOCH PL

City

THE WOODLANDS

State

TX

Zip Code

77380-1082

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE CAIN HOLDING COMPANY

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37791

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL CALIEL

B.

Mailing Address 18 E. AMBASSADOR BEND

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAYNE

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.37843

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL CALIEL

C.

Mailing Address 18 E. AMBASSADOR BEND

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAYNE

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1002.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2015

Transaction ID : SA11AI.38528

Amount of Each Receipt this Period

752.78

In-kind - FOOD AND BEVERAGE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2002.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL CALIEL

A.

Mailing Address 18 E. AMBASSADOR BEND

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAYNE

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2002.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2015

Transaction ID : SA11AI.37916

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

NORMAN C CHAMBERS

B.

Mailing Address 99 N POST OAK LN APT 1106

City

HOUSTON

State

TX

Zip Code

77024-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer

NCI BUILDING SYSTEMS INC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37767

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

KARL CHAPEL

C.

Mailing Address 16159 FERRIS ST.

City

GRAND HAVEN

State

MI

Zip Code

49417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand Haven Custom Molding

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.37711

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PAUL CHRISTIANSEN

A.

Mailing Address 13491 FOREST PARK DR.

City

GRAND HAVEN

State

MI

Zip Code

49417

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRAND HAVEN CUSTOM MOLDING

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.37712

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Sonya Coble

B.

Mailing Address 4314 W PARK RD

City

HOLLYWOOD

State

FL

Zip Code

33021

FEC ID number of contributing
federal political committee.

C

Name of Employer

COBLE BUILDERS

Occupation

CO-FOUNDER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SA11AI.37933

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SANDRA CONSTANTINE

C.

Mailing Address 49 ST. GEORGE PLACE

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37928

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

✕	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PETER COWIE**A.**

Mailing Address 3300 PGA BLVD.

City

Palm Beach Gardens

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN STORAGE MGMT. SYSTEMS

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37927

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARCIA CULLY**B.**

Mailing Address 6200 SPRING LAKE TERRACE

City

Ft Pierce

State

FL

Zip Code

34951

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37946

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VICTOR DEL REGNO**C.**

Mailing Address 6718 FOX HOLLOW DR

City

WEST PALM BEACH

State

FL

Zip Code

33412-3063

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.37747

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) VICTOR DEL REGNO			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2015	
Mailing Address 6718 FOX HOLLOW DR			Transaction ID : SA11AI.37914	
City	State	Zip Code		
WEST PALM BEACH	FL	33412-3063		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 100.00 CAMPAIGN CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00		

B. Full Name (Last, First, Middle Initial) CHARLES A. DE LUCCA			Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2015	
Mailing Address 6840 LOCH NESS DR			Transaction ID : SA11AI.37781	
City	State	Zip Code		
MIAMI LAKES	FL	33014		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00 CAMPAIGN CONTRIBUTION	
Name of Employer MALREESE GOLF COURSE		Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) LINDA DEWHURST			Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2015	
Mailing Address #3 HOMEWOOD ROW LANE			Transaction ID : SA11AI.37792	
City	State	Zip Code		
HOUSTON	TX	77056-2198		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00 CAMPAIGN CONTRIBUTION	
Name of Employer HOMEMAKER		Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 84
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BILL DIAMOND		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 220 WELLS ROAD		Transaction ID : SA11AI.37799	
City PALM BEACH	State FL	Zip Code 33480	Amount of Each Receipt this Period 250.00 CAMPAIGN CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation INVESTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) William Diercksen		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2015	
Mailing Address 1239 Cambria Bnd		Transaction ID : SA11AI.37845	
City Kissimmee	State FL	Zip Code 34759	Amount of Each Receipt this Period 150.00 CAMPAIGN CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		
C. Full Name (Last, First, Middle Initial) William Diercksen		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2015	
Mailing Address 1239 Cambria Bnd		Transaction ID : SA11AI.37728	
City Kissimmee	State FL	Zip Code 34759	Amount of Each Receipt this Period 500.00 CAMPAIGN CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		
SUBTOTAL of Receipts This Page (optional).....		900.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

VINCENT DONILE

A.

Mailing Address 178 NETAS DRIVE

City

Palm Desert

State

CA

Zip Code

92260

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37924

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

TERRY DUNAWAY

B.

Mailing Address 100 CHIPPER RD

City

SAINT LOUIS

State

MO

Zip Code

63131

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		18		2015

Transaction ID : SA11AI.38213

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

NEIL C. EFRON

C.

Mailing Address 2637 MOHAWK CIR.

City

HAVERVILL

State

FL

Zip Code

33409

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOBLE PROPERTIES

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		03		2015

Transaction ID : SA11AI.37742

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JANET EMAS		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2015	
Mailing Address 3500 N 31ST AVE		Transaction ID : SA11AI.37777 Amount of Each Receipt this Period 250.00 CAMPAIGN CONTRIBUTION	
City HOLLYWOOD	State FL		Zip Code 33021
FEC ID number of contributing federal political committee. C			
Name of Employer HOUSEWIFE	Occupation HOUSEWIFE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) BILLY ERWIN		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2015	
Mailing Address 4026 W WHITEWATER AVE		Transaction ID : SA11AI.37703 Amount of Each Receipt this Period 200.00 CAMPAIGN CONTRIBUTION	
City WESTON	State FL		Zip Code 33332
FEC ID number of contributing federal political committee. C			
Name of Employer FLAVA PUFF	Occupation EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

C. Full Name (Last, First, Middle Initial) BILLY ERWIN		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2015	
Mailing Address 4026 W WHITEWATER AVE		Transaction ID : SA11AI.37704 Amount of Each Receipt this Period 2300.00 CAMPAIGN CONTRIBUTION	
City WESTON	State FL		Zip Code 33332
FEC ID number of contributing federal political committee. C			
Name of Employer FLAVA PUFF	Occupation EXECUTIVE		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JEROME FALIC

A.

Mailing Address 209 BAL BAY DRIVE

City

BAL HARBOUR

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUTY FREE AMERICAOccupation
CO-OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37830

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEON FALIC

B.

Mailing Address 6100 HOLLYWOOD BLVD., 7TH FLOOR

City

HOLLYWOOD

State

FL

Zip Code

33024

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUTY FREE AMERICAOccupation
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37832

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SIMON FALIC

C.

Mailing Address 150 Harbour Drive

City

BAL HARBOUR

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUTY FREE AMERICAOccupation
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37831

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARY D. FANNIZZI**A.**

Mailing Address 5 ONEIDA LANE

City

SEA RANCH LAKES

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
FANIZZI & COMPANYOccupation
EVENT PRODUCER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37779

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN M. FOLEY**B.**

Mailing Address 96 TREE CREST CIR

City

SPRING

State

TX

Zip Code

77381-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOLVAYOccupation
VP

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37788

Amount of Each Receipt this Period

300.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONATHAN FOX**C.**

Mailing Address 29083 SIMAR-WASAS RD

City

Mass City

State

MI

Zip Code

49948

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED LTC, IN. CURRENTLY ARMY ROTCOccupation
DEPT OF THE ARMY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		25		2015

Transaction ID : SA11AI.37897

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRUCE GAMRADT

Mailing Address 7095 RUSTIC TRL

City

Boulder

State

CO

Zip Code

80301

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		05		2015

Transaction ID : SA11AI.37877

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELISSA GOLDNER

Mailing Address 5 KENWOOD RD

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing federal political committee.

C

Name of Employer

PONY POWER THERAPEUTIC HORSEBA

Occupation

RIDING INSTRUCTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.37730

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

KENNETH GOLDSTONE

Mailing Address 1418 NOLAN CT

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing federal political committee.

C

Name of Employer

FULL SAIL UNIVERSITY

Occupation

ADMINISTRATION

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.37868

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BOBBYE HARRIS

A.

Mailing Address 135 WINDSOR DR

City

CALHOUN

State

GA

Zip Code

30701

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.38451

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT HATCH

B.

Mailing Address 601 W 55TH ST

City

KANSAS CITY

State

MO

Zip Code

64113

FEC ID number of contributing
federal political committee.

C

Name of Employer

CEREAL INGREDIENTS INC.

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

Transaction ID : SA11AI.38145

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

TATNALL HILLMAN

C.

Mailing Address 504 W BLEEKER ST

City

Aspen

State

CO

Zip Code

81611

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		10		2015

Transaction ID : SA11AI.37882

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial) ALFRED HOFFMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 12530 SEMINOLE BEACH ROAD		Transaction ID : SA11AI.37846
City North Palm Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00 CAMPAIGN CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) DAWN HOFFMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 12580 SEMINOLE BEACH ROAD		Transaction ID : SA11AI.37847
City North Palm Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00 CAMPAIGN CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MARTI HOOTS		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address BOX 36		Transaction ID : SA11AI.37983
City DEETH	State NE	Zip Code 89823
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CAMPAIGN CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation RANCHER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial) WILLIAM HOTALING		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2015
Mailing Address 125 QUASSAICK AVE		Transaction ID : SA11AI.38444
City NEW WINDSOR	State NY	Zip Code 12553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	CAMPAIGN CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) IVAN INERFELD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2015
Mailing Address 128 GRAND PALM WAY		Transaction ID : SA11AI.37910
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	CAMPAIGN CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DARLENE JORDAN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2015
Mailing Address 203 SOUTH LAKE TRAIL		Transaction ID : SA11AI.37939
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer SELF EMPLOYED	Occupation ATTORNEY	CAMPAIGN CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

GERALD JORDAN**A.**

Mailing Address 203 SOUTH LAKE TRAIL

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11AI.37938

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH KORFF**B.**

Mailing Address 5310 NORTH OCEAN DRIVE

City

Singer Island

State

FL

Zip Code

33404

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARC DEVELOPMENT

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37926

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GENE L. KRONER**C.**

Mailing Address 3281 MONET DR WEST

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37782

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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 for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM LANGFAN**A.**

Mailing Address 2100 S. OCEAN FRONT

City

North Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11AI.37935

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM LANGFAN**B.**

Mailing Address 2100 S. OCEAN FRONT

City

North Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11AI.37936

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS MAST**C.**

Mailing Address 7240 BROOKLYN AVE SE

City

GRAND RAPIDS

State

MI

Zip Code

49508-7479

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.37716

Amount of Each Receipt this Period

300.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES MAST

A.

Mailing Address 6856 UNION AVE. SE

City

KENTWOOD

State

MI

Zip Code

49548

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.37729

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT MAST

B.

Mailing Address 2380 AURORA POND DR. SW

City

WYOMING

State

MI

Zip Code

49519

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2015

Transaction ID : SA11AI.37709

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROLAND MAST

C.

Mailing Address 4386 CREEK VIEW DR.

City

HUDSONVILLE

State

MI

Zip Code

49426

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.37717

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN MAYS

A.

Mailing Address 99 E. MORNING CLOUD CIRCLE

City

The Woodlands

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.

C

Name of Employer

UBS

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.37918

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD MCCASLAND

B.

Mailing Address P.O. BOX 759

City

PERKINS

State

OK

Zip Code

74059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37751

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANIEL MCCLUNG

C.

Mailing Address 1806 ARBOR FOREST TRL.

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer

DANIEL MCCLUNG INVESTMENTS

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37785

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DANIEL MCCLUNG**A.**

Mailing Address 1806 ARBOR FOREST TRL.

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer

DANIEL MCCLUNG INVESTMENTS

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37786

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL MCGRAW**B.**

Mailing Address 11778 CALLETA COURT

City

PALM BEACH

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2015

Transaction ID : SA11AI.38533

Amount of Each Receipt this Period

600.00

In-kind - FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial)

MICHAEL MCGRAW**C.**

Mailing Address 11778 CALLETA COURT

City

PALM BEACH

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2015

Transaction ID : SA11AI.38999

Amount of Each Receipt this Period

400.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL MCGRAW**A.**

Mailing Address 11778 CALLETA COURT

City

PALM BEACH

State

FL

Zip Code

33418

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.37746

Amount of Each Receipt this Period

2100.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

KATHLEEN MCNEIL**B.**

Mailing Address 110 OCEAN DUNES CIRCLE

City

Jupiter

State

FL

Zip Code

33477

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37925

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS T MENDIBURU**C.**

Mailing Address 5 ALFORD DR

City

SADDLE RIVER

State

NJ

Zip Code

07458-2631

FEC ID number of contributing federal political committee.

C

Name of Employer

HIGH POINT SOLUTIONS

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.37732

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMBER MIRSHAFIEE

A.

Mailing Address 1360 REYNOLDS

STE 101

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing
federal political committee.

C

Name of Employer

5.11 TACTICAL

Occupation

EXECUTIVE ASSISTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1029.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2015

Transaction ID : SA11AI.38535

Amount of Each Receipt this Period

1029.74

In-kind - SHIRTS

Full Name (Last, First, Middle Initial)

FRANK MOORE

B.

Mailing Address 3701 MAYFIELD RD

City

CLEVELAND

State

OH

Zip Code

44121

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.38104

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK MORAN

C.

Mailing Address 19 CHANCERY PLACE

City

The Woodlands

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : SA11AI.37909

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1529.74

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

SANJAY NAYAR

A.

Mailing Address 2121 S HIAWASSEE ROAD

City
orlandoState
FLZip Code
32835FEC ID number of contributing
federal political committee.

C

Name of Employer
NOT EMPLOYEDOccupation
NOT EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		18		2015

Transaction ID : SA11AI.37890

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID G. NINI

B.

Mailing Address 7701 BRYKERWOODS DR.

City
HOUSTONState
TXZip Code
77055FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
OIL & GAS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37790

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRISTOPHER NORDONE

C.

Mailing Address 33 HOLLYWOOD PLACE

City
HO HO KUSState
NJZip Code
07423FEC ID number of contributing
federal political committee.

C

Name of Employer
VIACOM INC.Occupation
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Transaction ID : SA11AI.37733

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHRISTOPHER ORTHWEIN**A.**

Mailing Address 14 PINE VALLEY

City

Palm Beach

State

MI

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PRIVATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : SA11AI.37888

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

OLIVER QUINN**B.**

Mailing Address 210 SEASPRING AVE

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENTREPRENUER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.37749

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN RADKE**C.**

Mailing Address 6112 S. KILKENNY DR

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SA11AI.37876

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOAN REESE

A.

Mailing Address 15736 GLENISLE WAY

City

FORT MYERS

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.38436

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM RODGERS

B.

Mailing Address 10 ACKERMAN ROAD

City

SADDLE RIVER

State

NE

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.37863

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALLEN ROTH

C.

Mailing Address 255 RAYMOND STREET

City

Rockville Centre

State

NE

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

RSL MANAGEMENT

Occupation

ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Transaction ID : SA11AI.37892

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT W. RUST

Mailing Address 1430 S DIXIE HWY STE 315

City

Coral Gables

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.37911

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL SCHARF

Mailing Address 225 DUNBAR ROAD

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.37856

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMANDA SCHUMACHER

Mailing Address 105 CLAREDON AVE.

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

AUTO INDUSTRY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.37736

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

8100.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 36 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MERTON SEGAL

Mailing Address 2532 NW 59TH ST

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37829

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALEXANDER SELIGSON

Mailing Address 140 WEST END AVENUE

City

New York

State

NE

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELIGSON ROTHMAN & ROTHMAN

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : SA11AI.37912

Amount of Each Receipt this Period

1100.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANIEL H SHOOSTER

Mailing Address 2900 W SAMPLE RD

City

POMPANO BEACH

State

FL

Zip Code

33064

FEC ID number of contributing
federal political committee.

C

Name of Employer

R.S. ASSOCIATES OF FLORIDA

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37783

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

LESLEE SHOOSTER

A.

Mailing Address 18279 LONG LAKE DRIVE

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37784

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HERBERT J. SIEGEL

B.

Mailing Address 55 E 59TH STREET, SUITE 22B

City

NEW YORK

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37801

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES M. SIMON

C.

Mailing Address 528 BALD EAGLE DR

City

JUPITER

State

FL

Zip Code

33477

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		18		2015

Transaction ID : SA11AI.37737

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

GREGORY SIMONIAN**A.**

Mailing Address 300 SKYLARK CT

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.37705

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT SIVORI**B.**

Mailing Address 16 OLD WOODS RD.

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer

REVERSE MORTGAGE INVESTMENT TR

Occupation

SPECIALTY FINANCE COMPANY EXECUTIV

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.37731

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID SMITH**C.**

Mailing Address 2232 N. BURLING STREET

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.37873

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ELENOR SMITH

A.

Mailing Address 100 BREEZY HILL RD

City

COLLINSVILLE

State

CT

Zip Code

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.38125

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHILIP J. SOLONDZ

B.

Mailing Address 100 SE 5TH AVE APT. 301

City

BOCA RATON

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37800

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES STADLER

C.

Mailing Address 314 WALNUT DR

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.38126

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROB STAM

Mailing Address 190 PINE ST

City State Zip Code
ZEELAND MI 49464-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NAVIGATE VENTURES LLC PRESIDENT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	26	2015

Transaction ID : SA11AI.37722

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOS E STASINOS

Mailing Address 3937 LOWSON BLVD

City State Zip Code
DELRAY BEACH FL 33445-5650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	22	2015

Transaction ID : SA11AI.37793

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LINDA STOCH

Mailing Address 104 VINTAGE ISLE LANE

City State Zip Code
PALM BEACH GARDENS FL 33418-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	10	2015

Transaction ID : SA11AI.37748

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

LINDA STOCH

A.

Mailing Address 104 VINTAGE ISLE LANE

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.37754

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MIKE STRODE

B.

Mailing Address 731 GOLDEN PARK AVE

City

SAN DIEGO

State

CA

Zip Code

92106

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : SA11AI.37979

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSHUA T STUIVE

C.

Mailing Address 8949 CEDAR LAKE DR

City

JENISON

State

MI

Zip Code

49428

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRAVO SYSTEMS INC.

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.37723

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

TODD STUIVE

Mailing Address 8949 CEDAR LAKE DR

City

JENISON

State

MI

Zip Code

49428

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXXEL ENGINEERINGOccupation
ENGINEER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.37724

Amount of Each Receipt this Period

400.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWARD TAFARO

Mailing Address 107 BRIDLE PATH LANE

City

mahwah

State

NE

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXCEPTIONAL RISK ADVISORSOccupation
INSURANCE EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.37840

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE THOLKE

Mailing Address 7315 MANDARIN DR

City

BOCA RATON

State

FL

Zip Code

33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37776

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT L TORRE**A.**

Mailing Address 1595 WINDING OAKS WAY #202

City

NAPLES

State

FL

Zip Code

34109-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.37706

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VINCENT J. TROSINO**B.**

Mailing Address 4021 GULFSHORE BLVD N. APT 1403

City

NAPLES

State

FL

Zip Code

34103

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.37798

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANIEL P TULLY**C.**

Mailing Address 76 GOMEZ RD

City

HOBE SOUND

State

FL

Zip Code

33455

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37778

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 84

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARTIN TURCHIN**A.**

Mailing Address 3060 MIRO DR. S

City

PALM BEACH GARDENS

State

FL

Zip Code

33410-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SA11AI.37741

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRETT VANDERKAMP**B.**

Mailing Address 14514 James Street

City

HOLLAND

State

MI

Zip Code

49424

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW HOLLAND

Occupation

BREWER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37780

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CRAIG WEST**C.**

Mailing Address 509 PINETREE DRIVE, NE

City

Atlanta

State

GA

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALKER & DUNLOP

Occupation

REAL ESTATE FINANCE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.37864

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 84

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY L WHITLOCK

Mailing Address **15 FARINGTON WAY**

City State Zip Code
THE WOODLANDS TX 77382-2650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CNP SERVICE COMPANY LLC EXECUTIVE VP

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.37789

Amount of Each Receipt this Period

1000.00**CAMPAIGN CONTRIBUTION**

B. Full Name (Last, First, Middle Initial)
SALVATORE ZIZZA

Mailing Address **ONE GRACIE SQUARE**

City State Zip Code
New York NE 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED FINANCIAL EXECUTIVE

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : SA11AI.37942

Amount of Each Receipt this Period

250.00**CAMPAIGN CONTRIBUTION**

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1250.00****124170.21**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 84

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) AMERICAN PRINCIPLES		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		22		2015									
Mailing Address 20533 BISCAYNE BLVD #250		Transaction ID : SA11C.38983											
City MIAMI	State FL	Zip Code 33180	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>						2500.00				
					2500.00								
FEC ID number of contributing federal political committee. C C00492579		CAMPAIGN CONTRIBUTION											
Name of Employer Occupation		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>							2500.00				
					2500.00								
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>							2500.00				
					2500.00								
B. Full Name (Last, First, Middle Initial) DANIEL KAUFMAN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		22		2015									
Mailing Address 20533 Biscayne Blvd #250		Transaction ID : SA11C.38983.0											
City MIAMI	State FL	Zip Code 33180	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>						2500.00				
					2500.00								
FEC ID number of contributing federal political committee. C		CAMPAIGN CONTRIBUTION											
Name of Employer REAGAN WIRELESS		Occupation CELLULAR TELEPHONE SALES											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>							2500.00				
					2500.00								
C. Full Name (Last, First, Middle Initial) AMERICAN PRINCIPLES		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2015									
Mailing Address 20533 BISCAYNE BLVD #250		Transaction ID : SA11C.37833											
City MIAMI	State FL	Zip Code 33180	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>4000.00</td> </tr> </table>						4000.00				
					4000.00								
FEC ID number of contributing federal political committee. C C00492579		CAMPAIGN CONTRIBUTION											
Name of Employer Occupation		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>6500.00</td> </tr> </table>							6500.00				
					6500.00								
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>6500.00</td> </tr> </table>							6500.00				
					6500.00								
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>6500.00</td> </tr> </table>							6500.00				
					6500.00								
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 84

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOBS, ENERGY AND OUR FOUNDING FATHERS PAC-JEFF PAC

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing
federal political committee.

C C00516724

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11C.37805

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

7500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 84

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MAST VICTORY COMMITTEE

Mailing Address 824 S MILLEDGE AVE STE 101

City State Zip Code
ATHENS GA 30605

FEC ID number of contributing
federal political committee.

C C00583161

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5787.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37795

Amount of Each Receipt this Period

5787.01

CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LEWIS STAHL

Mailing Address 1350 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NEXTGEN MANAGEMENT LLC

SOFTWARE ENGINEER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37795.0

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HELENE R FRIED

Mailing Address 161 W 61ST ST

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NEXTGEN MANAGEMENT LLC

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37795.1

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5787.01

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

EVAN STAHL

Mailing Address 400 W 63RD ST

APT 2301

City

NEW YORK

State

NY

Zip Code

10069

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEXTGEN MANAGEMENT LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37795.2

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MAST VICTORY COMMITTEE

Mailing Address 824 S MILLEDGE AVE STE 101

City

ATHENS

State

GA

Zip Code

30605

FEC ID number of contributing
federal political committee.

C C00583161

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

11574.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37796

Amount of Each Receipt this Period

5787.01

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEWIS STAHL

Mailing Address 1350 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10019

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEXTGEN MANAGEMENT LLC

Occupation

SOFTWARE ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37796.0

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5787.01

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

HELENE R FRIED

A.

Mailing Address 161 W 61ST ST

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEXTGEN MANAGEMENT LLC

Occupation

EXECUTIVE

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37796.1

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

EVAN STAHL

B.

Mailing Address 400 W 63RD ST
APT 2301

City

NEW YORK

State

NY

Zip Code

10069

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEXTGEN MANAGEMENT LLC

Occupation

PRESIDENT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SA12.37796.2

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

11574.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 440 TERRY AVE N

City	State	Zip Code
SEATTLE	WA	98144-2734

Purpose of Disbursement
CAMPAIGN SUPPLIES

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

66.69

Transaction ID : SB17.38874

B. AMAZON

Mailing Address 440 TERRY AVE N

City	State	Zip Code
SEATTLE	WA	98144-2734

Purpose of Disbursement
POSTAGE

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

188.10

Transaction ID : SB17.38795

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL - AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2015

Amount of Each Disbursement this Period

462.20

Transaction ID : SB17.38940

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

716.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL - AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

963.70

Transaction ID : SB17.38934

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL - AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

155.10

Transaction ID : SB17.38914

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL - AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

325.20

Transaction ID : SB17.38890

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1444.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City	State	Zip Code
PARSIPPANY	NJ	07054

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

225.71

Transaction ID : SB17.38964

B. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City	State	Zip Code
PARSIPPANY	NJ	07054

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

18.50

Transaction ID : SB17.38936

C. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City	State	Zip Code
PARSIPPANY	NJ	07054

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

202.99

Transaction ID : SB17.38891

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

447.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City	State	Zip Code
PARSIPPANY	NJ	07054

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2015

Amount of Each Disbursement this Period

296.25

Transaction ID : SB17.38865

B. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City	State	Zip Code
PARSIPPANY	NJ	07054

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

5.07

Transaction ID : SB17.38846

C. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City	State	Zip Code
PARSIPPANY	NJ	07054

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

165.49

Transaction ID : SB17.38831

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

466.81

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City	State	Zip Code
PARSIPPANY	NJ	07054

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

53.44

Transaction ID : SB17.38833

B. BLACK GOP

Mailing Address 310 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.38935

C. TOMMY BRANN

Mailing Address 401 LEONARD STREET NW

City	State	Zip Code
GRAND RAPIDS	MI	49504

Purpose of Disbursement
In-kind - FOOD AND BEVERAGE

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

437.69

Transaction ID : SB17.38532

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

741.13

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BUDGET PRINTING CENTER, LLCMailing Address 4152 W. BLUE HERON BLVD.
#109City State Zip Code
RIVIERA BEACH FL 33404Purpose of Disbursement
PRINTING CHARGE

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

531.96

Transaction ID : SB17.38778

B. MICHAEL CALIEL

Mailing Address 18 E. AMBASSADOR BEND

City State Zip Code
THE WOODLANDS TX 77382Purpose of Disbursement
In-kind - FOOD AND BEVERAGECategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

752.78

Transaction ID : SB17.38529

c. Kevin Cooper

Mailing Address PO Box 801910

City State Zip Code
Miami FL 33280Purpose of Disbursement
In-kind - SERVICES - TRAVELCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.38539

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2784.74

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DELTA AIR

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354-1989

Purpose of Disbursement
TRAVEL - AIRFARE

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

141.10

Transaction ID : SB17.38960

B. DELTA AIR

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354-1989

Purpose of Disbursement
TRAVEL - AIRFARE

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2015

Amount of Each Disbursement this Period

211.60

Transaction ID : SB17.38957

C. DELTA AIR

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354-1989

Purpose of Disbursement
TRAVEL - AIRFARE

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

128.00

Transaction ID : SB17.38954

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

480.70

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DELTA AIR

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354-1989

Purpose of Disbursement
TRAVEL - AIRFARE

002

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

426.60

Transaction ID : SB17.38937

B. DELTA AIR

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354-1989

Purpose of Disbursement
TRAVEL - AIRFARE

002

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

319.60

Transaction ID : SB17.38938

C. DELTA AIR

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354-1989

Purpose of Disbursement
TRAVEL

002

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

377.20

Transaction ID : SB17.38797

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1123.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	08	2015

Amount of Each Disbursement this Period

8554.92

Transaction ID : SB17.38974

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	18	2015

Amount of Each Disbursement this Period

6869.87

Transaction ID : SB17.38975

C. ECMSMailing Address 1779 N University Drive
102

City PEMBROKE PINES State FL Zip Code 33024

Purpose of Disbursement
PROCESSING FEE

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	11	2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.38775

SUBTOTAL of Disbursements This Page (optional).....

15924.79

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ECMSMailing Address 1779 N University Drive
102City State Zip Code
PEMBROKE PINES FL 33024Purpose of Disbursement
PROCESSING FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

2519.15

Transaction ID : SB17.38839

B. ECMS

Full Name (Last, First, Middle Initial)

Mailing Address 1779 N University Drive
102City State Zip Code
PEMBROKE PINES FL 33024Purpose of Disbursement
PROCESSING FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

227.19

Transaction ID : SB17.38955

C. FAIRFIELD INN

Full Name (Last, First, Middle Initial)

Mailing Address 6502 METAL DR

City State Zip Code
FORT PIERCE FL 34945Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2015

Amount of Each Disbursement this Period

331.17

Transaction ID : SB17.38828

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3077.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
PRINTING AND MAILSHOP

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

750.01

Transaction ID : SB17.38970

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
SHIPPING EXPENSE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

4.23

Transaction ID : SB17.38971

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.38976

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3254.24

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING FEE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.38759

B. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING FEE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.38760

c. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING FEE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.38763

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING FEE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

3600.00

Transaction ID : SB17.38779

B. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING FEE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.38780

c. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
REIMBURSEMENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

718.40

Transaction ID : SB17.38781

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11818.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

378.40

Transaction ID : SB17.38781.0

[MEMO ITEM]

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.38781.1

[MEMO ITEM]

c. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
REIMBURSEMENT

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

141.60

Transaction ID : SB17.38782

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

141.60

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION FEE

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

926.67

Transaction ID : SB17.38782.0

[MEMO ITEM]**B. Groundswell Strategies**

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

388.84

Transaction ID : SB17.38783

C. HILTON HOTELS

Mailing Address 1001 16TH ST NW

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
LODGING

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

Amount of Each Disbursement this Period

926.67

Transaction ID : SB17.38921

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1315.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

340.86

Transaction ID : SB17.38893

B. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

235.88

Transaction ID : SB17.38894

C. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

170.43

Transaction ID : SB17.38898

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

747.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

112.49

Transaction ID : SB17.38900

B. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City State Zip Code
ASHBURN VA 20147Purpose of Disbursement
EMAIL BLAST

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2015

Amount of Each Disbursement this Period

592.25

Transaction ID : SB17.38765

c. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City State Zip Code
ASHBURN VA 20147Purpose of Disbursement
MANAGEMENT FEE

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

1121.83

Transaction ID : SB17.38766

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1826.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
EMAIL BLAST

003

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

1842.38

Transaction ID : SB17.38767

B. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
MANAGEMENT FEE

003

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

286.30

Transaction ID : SB17.38768

c. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
MANAGEMENT FEE

003

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

1071.70

Transaction ID : SB17.38769

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
EMAIL BLAST

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

1100.29

Transaction ID : SB17.38770

B. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
MANAGEMENT FEE

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

135.13

Transaction ID : SB17.38771

C. JET BLUE

Mailing Address 200 Terminal Dr

City	State	Zip Code
FT LAUDERDALE	FL	33315

Purpose of Disbursement
TRAVEL - AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

402.20

Transaction ID : SB17.38858

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1637.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KESSLER CREATIVEMailing Address 12276 SAN JOSE BLVD
#115

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement
ADVERTISING

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

2809.81

Transaction ID : SB17.38848

B. MARRIOTT

Mailing Address 775 12 STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

172.00

Transaction ID : SB17.38896

C. MARRIOTT

Mailing Address 775 12 STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

172.00

Transaction ID : SB17.38897

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3153.81

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MARTIN COUNTY REPUBLICAN EXECUTIVE COMMITTEEMailing Address 1111 SE FEDERAL HIGHWAY
SUITE 130

City STUART State FL Zip Code 34995

Purpose of Disbursement
EVENT REGISTRATION FEE

007

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.38764

B. MICHAEL MCGRAW

Mailing Address 11778 CALLETA COURT

City PALM BEACH State FL Zip Code 33418

Purpose of Disbursement
In-kind - FOOD AND BEVERAGECategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.38534

C. AMBER MIRSHAFIEEMailing Address 1360 REYNOLDS
STE 101

City IRVINE State CA Zip Code 92614

Purpose of Disbursement
In-kind - SHIRTSCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

1029.74

Transaction ID : SB17.38537

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2279.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
LIST RENTAL & MAINTENANCE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

466.87

Transaction ID : SB17.38972

B. OFFICE DEPOT

Mailing Address 2690 CORAL WAY

City MIAMI State FL Zip Code 33145

Purpose of Disbursement
CAMPAIGN SUPPLIES

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

92.21

Transaction ID : SB17.38943

C. OFFICE DEPOT

Mailing Address 2690 CORAL WAY

City MIAMI State FL Zip Code 33145

Purpose of Disbursement
CAMPAIGN SUPPLIES

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

23.85

Transaction ID : SB17.38947

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

582.93

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MELINA PARDO

Mailing Address 14001 SW 112 STREET

City	State	Zip Code
MIAMI	FL	33186

Purpose of Disbursement
ADVERTISING

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

260.00

Transaction ID : SB17.38784

B. ROSEN HOTELSMailing Address 8990 INTERNATIONAL
DR #200

City	State	Zip Code
ORLANDO	FL	32819

Purpose of Disbursement
LODGING

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

801.81

Transaction ID : SB17.38869

C. ROSEN HOTELSMailing Address 8990 INTERNATIONAL
DR #200

City	State	Zip Code
ORLANDO	FL	32819

Purpose of Disbursement
LODGING

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

565.86

Transaction ID : SB17.38870

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1627.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROSEN HOTELSMailing Address 8990 INTERNATIONAL
DR #200

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

502.86

Transaction ID : SB17.38871

B. ROSEN SHINGLEMailing Address 8990 INTERNATIONAL
DR #200

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

670.48

Transaction ID : SB17.38878

C. ROSEN SHINGLEMailing Address 8990 INTERNATIONAL
DR #200

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

105.56

Transaction ID : SB17.38872

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1278.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROSEN SHINGLEMailing Address 8990 INTERNATIONAL
DR #200

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

71.64

Transaction ID : SB17.38873

B. RPOF SUNSHINE SUMMIT

Mailing Address 420 E. JEFFERSON ST.

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
EVENT - REGISTRATION

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

847.96

Transaction ID : SB17.38952

C. SHELL OIL

Mailing Address 1998 US-1

City FORT PIERCE State FL Zip Code 34946

Purpose of Disbursement
GAS

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

43.94

Transaction ID : SB17.38859

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

963.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 1998 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

City	State	Zip Code
FORT PIERCE	FL	34946

Amount of Each Disbursement this Period

8.04

Purpose of Disbursement
GAS

002

Transaction ID : SB17.38845

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. SHELL OIL

Mailing Address 1998 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

City	State	Zip Code
FORT PIERCE	FL	34946

Amount of Each Disbursement this Period

28.35

Purpose of Disbursement
GAS

002

Transaction ID : SB17.38835

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. SHELL OIL

Mailing Address 1998 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

City	State	Zip Code
FORT PIERCE	FL	34946

Amount of Each Disbursement this Period

19.75

Purpose of Disbursement
GAS

002

Transaction ID : SB17.38836

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

56.14

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 1998 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

City	State	Zip Code
FORT PIERCE	FL	34946

Amount of Each Disbursement this Period

17.01

Purpose of Disbursement
GAS

002

Transaction ID : SB17.38840

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. SHELL OIL

Mailing Address 1998 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2015

City	State	Zip Code
FORT PIERCE	FL	34946

Amount of Each Disbursement this Period

17.81

Purpose of Disbursement
GAS

002

Transaction ID : SB17.38825

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. SIGNATURE PRINTING

Mailing Address 5725 NW 151ST ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

City	State	Zip Code
HIALEAH	FL	33014

Amount of Each Disbursement this Period

830.00

Purpose of Disbursement
PRINTING CHARGE

004

Transaction ID : SB17.38774

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

864.82

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 84

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

33.36

Transaction ID : SB17.38924

B. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

23.85

Transaction ID : SB17.38925

C. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

15.03

Transaction ID : SB17.38926

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

72.24

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

Amount of Each Disbursement this Period

13.75

Transaction ID : SB17.38919

B. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

Amount of Each Disbursement this Period

9.31

Transaction ID : SB17.38920

C. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

32.55

Transaction ID : SB17.38867

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

55.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	5

Amount of Each Disbursement this Period

3	2	.	2	9
---	---	---	---	---

Transaction ID : SB17.38868

B. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	1	5

Amount of Each Disbursement this Period

3	6	.	0	8
---	---	---	---	---

Transaction ID : SB17.38857

C. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRAVEL

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	5

Amount of Each Disbursement this Period

9	5	.	3	3
---	---	---	---	---

Transaction ID : SB17.38792

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

163.70

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRAVEL

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

63.62

Transaction ID : SB17.38807

B. UNITED AIRLINES

Mailing Address 233 S WACKER DR

City	State	Zip Code
CHICAGO	IL	60606

Purpose of Disbursement
TRAVEL - AIRFARE

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

238.10

Transaction ID : SB17.38913

C. USPS

Mailing Address 340 ROYAL POINCIANA WAY

City	State	Zip Code
PALM BEACH	FL	33480

Purpose of Disbursement
DELIVERY FEE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

294.00

Transaction ID : SB17.38843

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

595.72

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 340 ROYAL POINCIANA WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

City	State	Zip Code
PALM BEACH	FL	33480

Amount of Each Disbursement this Period

9.00

Purpose of Disbursement
DELIVERY FEE

001

Transaction ID : SB17.38827

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 340 ROYAL POINCIANA WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

City	State	Zip Code
PALM BEACH	FL	33480

Amount of Each Disbursement this Period

245.00

Purpose of Disbursement
POSTAGE

001

Transaction ID : SB17.38801

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. WEBELECT.COM

Mailing Address 1256 VINETREE DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

City	State	Zip Code
BRANDON	FL	33510

Amount of Each Disbursement this Period

3300.00

Purpose of Disbursement
WEB SERVICE

001

Transaction ID : SB17.38772

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3554.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIZARD CREATIONS

Mailing Address 6210 N. ANDREWS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2015

City	State	Zip Code
FORT LAUDERDALE	FL	33309

Amount of Each Disbursement this Period

266.41

Purpose of Disbursement
ADVERTISING

004

Transaction ID : SB17.38881

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. WIZARD CREATIONS

Mailing Address 6210 N. ANDREWS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

City	State	Zip Code
FORT LAUDERDALE	FL	33309

Amount of Each Disbursement this Period

53.00

Purpose of Disbursement
PRINTING

004

Transaction ID : SB17.38820

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. ZDB INC.

Mailing Address 131 MADEIRA AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

City	State	Zip Code
CORAL GABLES	FL	33134

Amount of Each Disbursement this Period

20093.10

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Transaction ID : SB17.38762

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20412.51

109310.09

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BRIAN MAST

Nature of Debt (Purpose):

In-Kind Meals, Travel, Website- (Debt to be repaid)

Mailing Address PO BOX 3016

City State

Zip Code

STUART

FL

34995

Outstanding Balance Beginning This Period

9499.36

Transaction ID : SD10.4417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9499.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

9499.36

2) **TOTALS** This Period (last page this line number only) ▶

9499.36

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9499.36